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	PAT	ENT APPLIC	ATION Substitu	N RECORD		1100	YOP?		
CLAIMS AS FILED - PART I OTHER THAN									
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FOR NUMBER FILED NUMBER EXT			ER EXTRA	RATE	FEE /	RATE	FEE /		
BASIC FEE (37 CFR 1.15(a))						/ 08	7	, <i>I</i>	
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.15(4))						+/	08	4	
° if the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		TOTAL .	
CLAIMS AS AMENDED - PART II									
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Н,		(Column 1)		(Column 2) HIGHEST	(Cotumn 3)				
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If the entry in column 1 is less than the entry in column 2, write "O" in column 3. If the "Righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".									
*** If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "5".									
The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1.									

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